

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA <input type="checkbox"/> SUBJECT INFORMATION <input type="checkbox"/> REASON FOR USE OF FORCE (Check all that apply)	1. DATE OF INCIDENT 27-NOV-2016	TIME 23:35:00	2. ADDRESS OF OCCURRENCE 4529 W WASHINGTON BLVD CHICAGO, IL 60613	3. LOCATION CODE 330	4. BEAT/OCCUR 1113	5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO		
	6. POSITION 9161	7. LAST NAME WALLACE	8. FIRST NAME CURTIS L	9. STAR NO. 16827	10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	11. RACE CODE BLK	12. AGE 506	13. HT 150
	15. DATE OF APPT. 05-DEC-1994	16. EMPLOYEE NO. 017	17. UNIT & BEAT OF ASSIGNMENT 6735C	18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	19. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	20. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		
	21. LAST NAME GRIMES	22. FIRST NAME RICHARD	23. M.I. <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	25. RACE BLK	26. D.O.B. 18-DEC-1982	27. HT. 504	28. WT. 160
	29. ADDRESS 4655 W ADAMS ST CHICAGO, IL 60644	30. TELEPHONE NO. <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. WAS SUBJECT ARMED? OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT INJURED BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	33. SUBJECT ALLEGED INJURY BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
	34. IF SUBJECT INJURED, DESCRIBE INJURY <input checked="" type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None	35. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY HOSPITAL - STROGER HOSPITAL						
	36. BY WHOM? UNK	37. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid						
	38. CHARGES PLACED	<input type="checkbox"/> DNA	39. CB NO.	40. IR NO.	<input type="checkbox"/> DNA			
	40. SUBJECT'S ACTIONS <input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (HEAD WEIGHT) <input type="checkbox"/> OTHER	ACTIVE RESISTER <input checked="" type="checkbox"/> FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER	ASSAULT/ASSAULT <input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER <input type="checkbox"/> PERCEIVED AS	ASSAULT/BATTERY <input checked="" type="checkbox"/> ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER	ASSAULT/DEADLY FORCE <input type="checkbox"/> USES FORCES LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER <input type="checkbox"/> PERCEIVED AS			
	MEMBER'S RESPONSE <input type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLOS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> LRAO WITH AUTHORIZATION <input type="checkbox"/> OTHER	OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (ARC Cycle) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> OTHER	ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER	KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER	FIREARM <input checked="" type="checkbox"/> FIREARM			
41. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)	RANK	STAR NO.	UNIT NO.	42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	45. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input checked="" type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member						
46. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	47. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	48. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	49. WEATHER CONDITIONS RAIN					
50. MAKE/MANUFACTURER SIG/S. I. G./SWISS INDUSTRIAL GESELLSCHAFT	51. MODEL P220	52. BARREL LENGTH 040	53. CALIBER/GAUGE 45 CAL					
54. TASER DART ID NO. G268138	55. WEAPON SERIAL NO. (Include Letters) G268138	56. CHICAGO GUN REG. NO. 616194	57. IL FIREARM OWNER ID. NO. 677230162	58. HANDGUN CERTIFICATE NO.				
59. SPECIAL WEAPON CERTIFICATE NO.	60. PROPERTY INVENTORY NO.	61. TYPE OF AMMUNITION USED HOLLOW POINT	62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1	63. TOTAL NO. OF SHOTS MEMBER FIRED 5				
64. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER	65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	66. NO. OF CARTRIDGES/SHOT SHELLS RELOADED	67. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	68. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO				
69. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	70. SPECIFY METHOD/EQUIPMENT USED TO RELOAD							
71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) DNA	72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 010 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input checked="" type="checkbox"/> 04 OVER 15 FT.							
73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input type="checkbox"/> 02 OTHER PERSON <input checked="" type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION	74. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)							

CASE INFORMATION	<p>77. NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input checked="" type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.</p>												
	78. ADDITIONAL INFORMATION ASSAILANT/OFFENDER POINTED A SEMI AUTOMATIC WEAPON AT REPORTING OFFICER.												
SIGNATURES	<p>79. REPORTING MEMBER (Print Name) WALLACE, CURTIS L 28-NOV-2016 07:54:04</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">STAR/EMPLOYEE NO.</td> <td style="width: 30%;">SIGNATURE</td> </tr> <tr> <td>16827</td> <td>[REDACTED]</td> </tr> </table> <p>Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.</p> <p>80. REVIEWING SUPERVISOR (Print Name) NONCZ, GREGORY E</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">STAR NO.</td> <td style="width: 30%;">SIGNATURE</td> <td style="width: 40%;">DATE REVIEWED TIME</td> </tr> <tr> <td>1566</td> <td>[REDACTED]</td> <td>28-NOV-2016 07:57:40</td> </tr> </table>			STAR/EMPLOYEE NO.	SIGNATURE	16827	[REDACTED]	STAR NO.	SIGNATURE	DATE REVIEWED TIME	1566	[REDACTED]	28-NOV-2016 07:57:40
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76. R.O. NO. HZ531419													

1083171 U#
1083171 16-24

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LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

Subject is deceased.

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

Based on the information available at this time, the preliminary investigation indicates that the officer's actions were in compliance with Department directives. Further investigation is required under U#16-24.

83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

LOG NO. 1083171 OBTAINED

85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

BAY, ROGER J

86. TRR _____ OF _____ TRR(S)

87. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE

DATE COMPLETED

TIME

28-NOV-2016 08:03:13